

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		07834	1/28
O.I.P.E. CLASSIFIER		49	1/21/100
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	3/21

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/22/03
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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If more than 150 claims or 10 actions  
stap additional sheet her

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